

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL	75331	
O.I.P.E. CLASSIFIER		49	1/12/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		08748	210

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	3/27/93	1/4/93
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6	✓		
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50	✓		

Claim	Final	Original	Date
51	✓	763	1/4/93
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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